

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cove Pt</i>		County <i>Calvert</i>		MARYLAND	
Date of death		190	7	Month	12	Day	Age
						Years	Months
						Days	2
Sex		<i>Female</i>		Color or Race		<i>Colored</i>	
Occupation		<i>None</i>		Where Residing if not at place of death		Birth-place	
						<i>Cove Pt</i>	
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband		<i>None</i>	
Father's Name		<i>James Buck</i>		Father's Birthplace		<i>Calvert Co</i>	
Mother's Maiden Name		<i>Rebecca Skinner</i>		Mother's Birthplace		<i>Calvert Co</i>	
Name of person giving information		<i>James Buck</i>		How related to deceased		<i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Unknown - seemed sick</i>	How long	
Immediate	<i>From birth</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Dr F Chambers</i>	
Address		<i>Sub. registrar</i>	
		<i>Lauby Calvert Co</i>	
<u>Accident or Suicide?</u>			



Name  
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*Lernus Chase*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

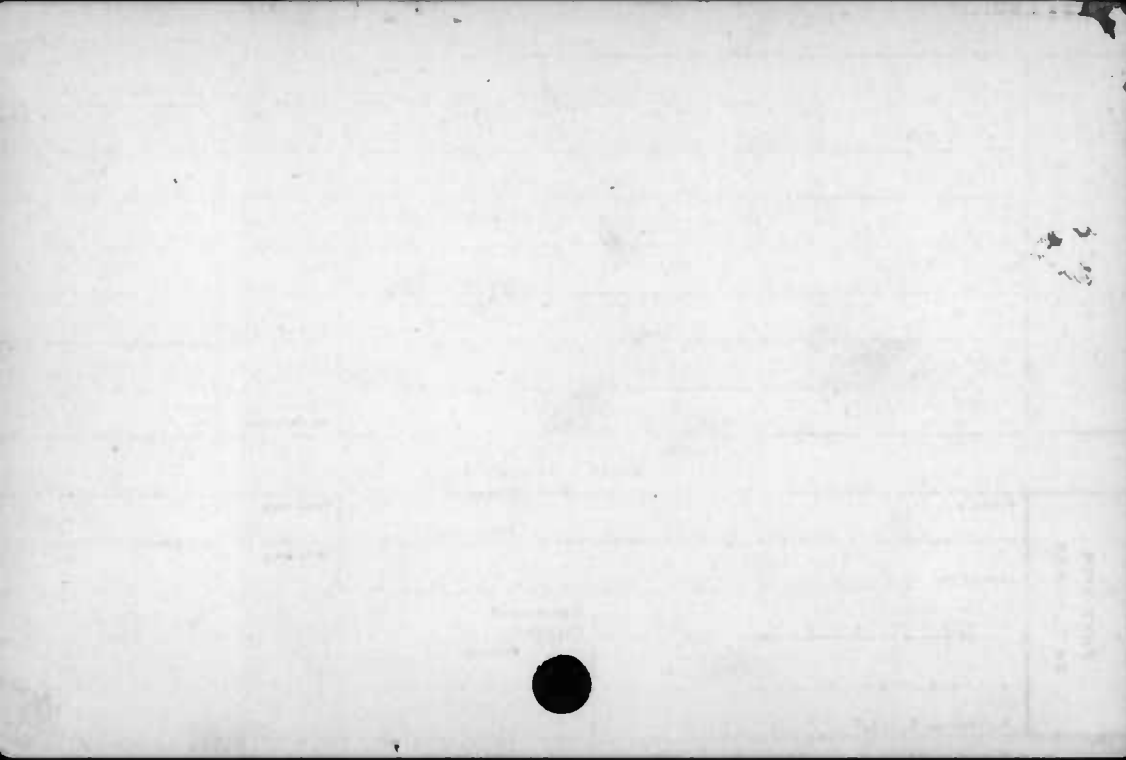
Died at <i>St Leonard</i>		County <i>Calvert</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>24</i>	Age <i>88</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Calvert</i>		
Occupation <i>Optician</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Wm Chase</i>	Father's Birthplace <i>Loghart Co Md</i>		Mother's Birthplace <i>Calvert Co Md</i>		
Mother's Maiden Name <i>Smith</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Wm Chase</i>					

CAUSES OF DEATH

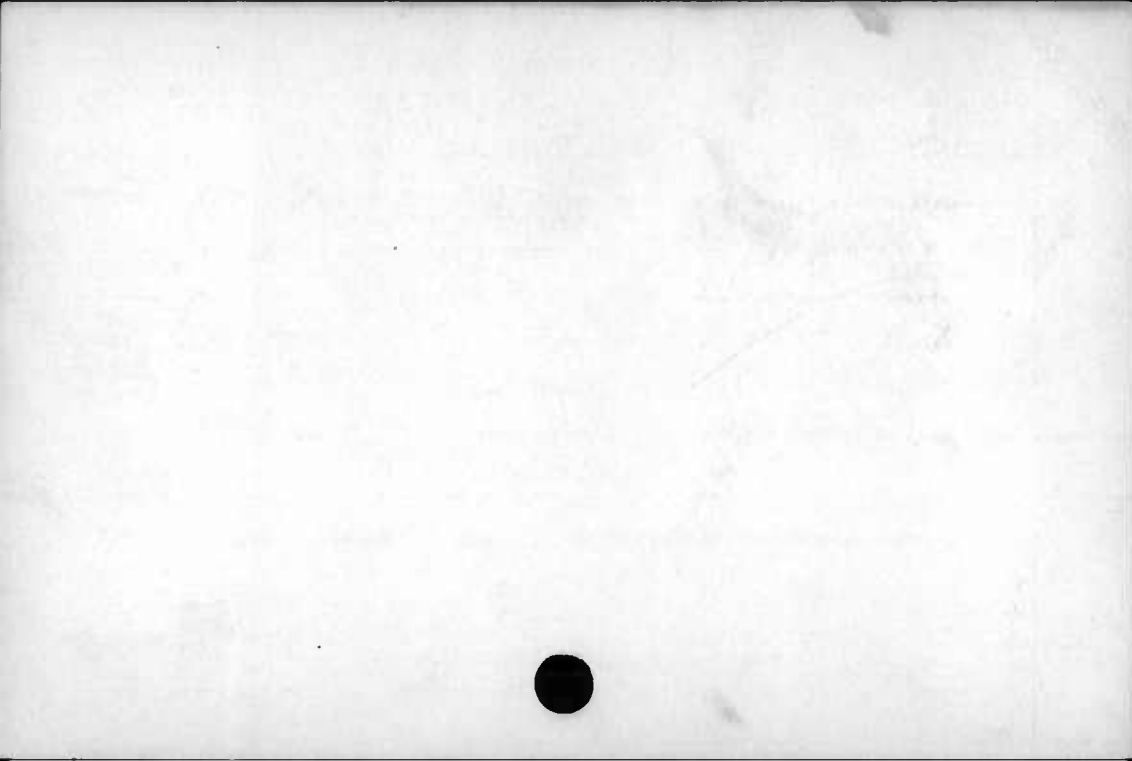
**154**

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	How long <i>1 Year</i>
Immediate <i>Exhaustion</i>	How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Brucius R. R. R.</i>
	Address <i></i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
Elsie Coats		Town		County	
Died at		Mt Harmony		Calvert State of MARYLAND	
Date of death		Month	Day	Years	Months
1907		June	24	Age	1
Sex		Color or Race		Birth-place	
Female		colored		Calvert County	
Occupation		Where Residing if not at place of death			
none		Mt Harmony			
Married, Single or Widowed		Name of Wife or Husband			
Single		none			
Father's Name		Father's Birthplace			
Samuel Coats		Calvert Co			
Mother's Maiden Name		Mother's Birthplace			
Annie Read		"		"	
Name of person giving information		How related to deceased			
Samuel Coats		Father			
CAUSES OF DEATH					
Primary		(27)		How long	
Sick from birth				from birth	
Immediate				How long	
Supposed to be consumption					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		J L Brayshak Family Doctor			
		Address			
		But not at time of death			
		Spec of Ward			
Accident or Suicide?					



Name  
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Full

Harry Gorman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

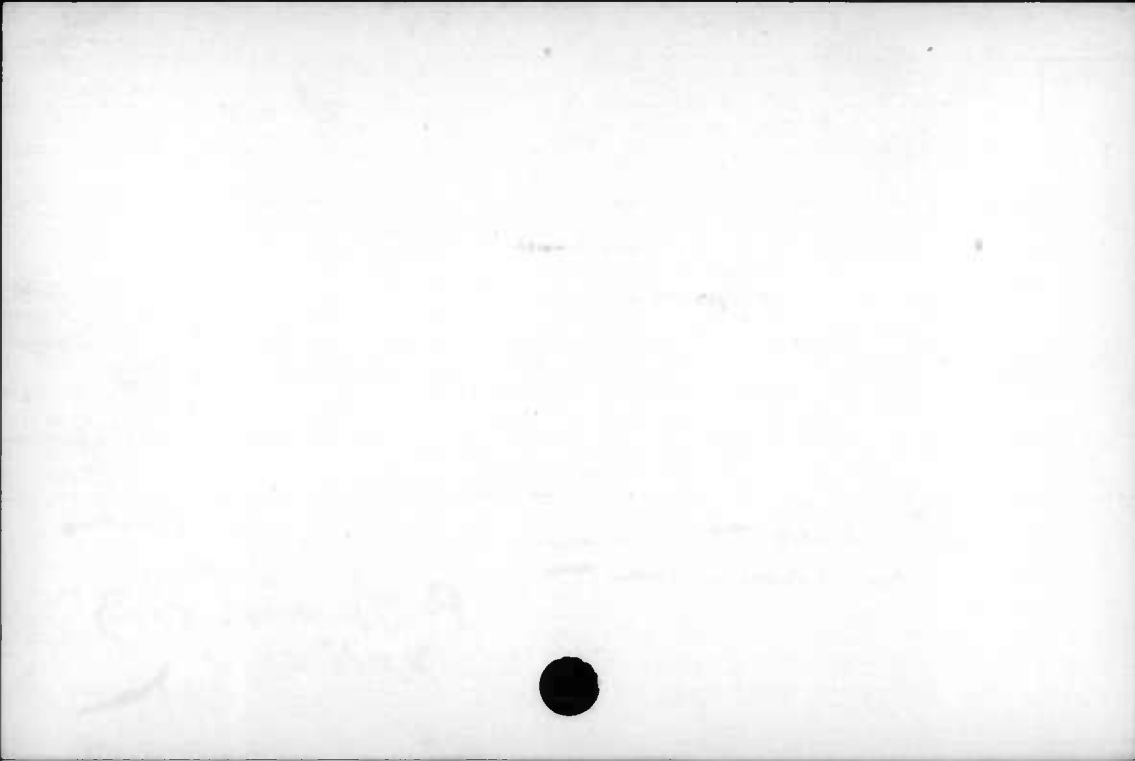
Died at <i>Wilkes</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>14</i>	Age	<i>20</i>	Years	Months
Sex	<i>male</i>		Color or Race	<i>Black</i>		Birthplace	<i>Cal. Geo.</i>
Occupation	<i>Farm laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>David Gorman</i>				Father's Birthplace	<i>Cal. Geo.</i>	
Mother's Maiden Name	<i>Basah Freeman</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Bessie Jones</i>				How related to deceased	<i>none</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Leitch</i>
		Address	<i>Huntingtown Md.</i>
Accident or Suicide?			





Name  
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Eveline Horsman

## CERTIFICATE OF DEATH

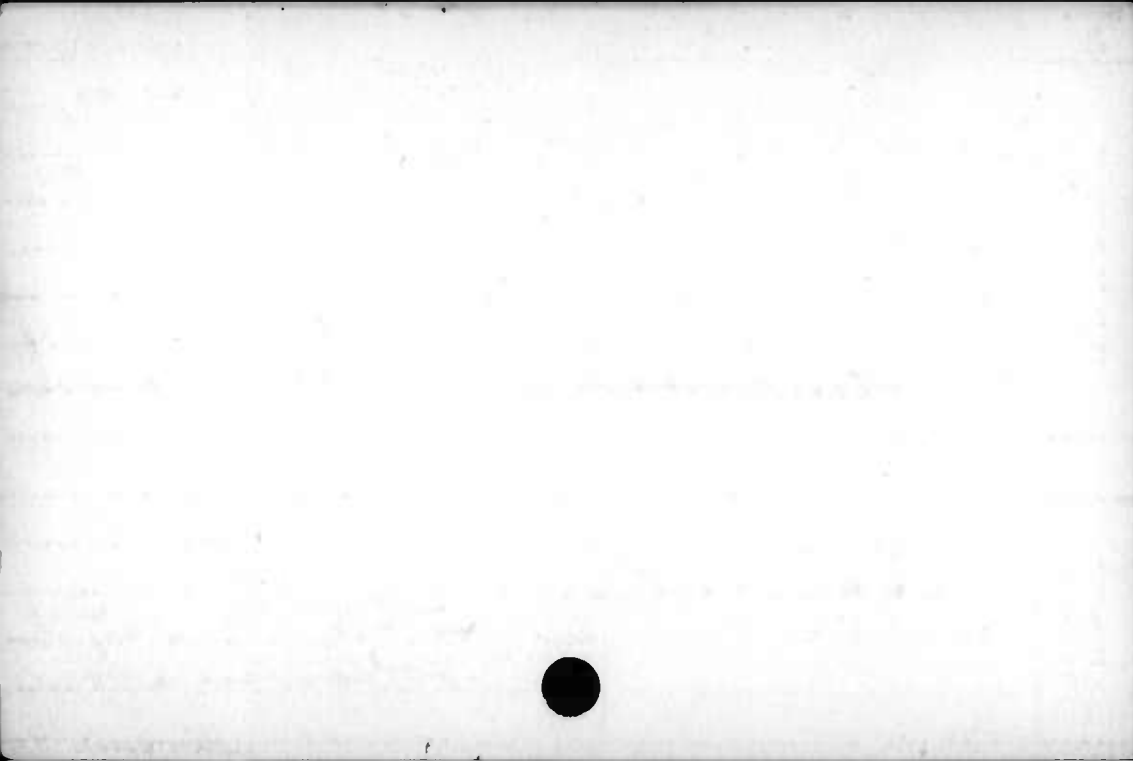
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Broom's Bluff		County Calvert		MARYLAND	
Date of death		190	Month June	Day 30	Age	Years	Months 5
Sex		Female		Color or Race Cauc		Birth-place Broom's Bl.	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Colic —	How long	4 weeks
Immediate	of Lauchie	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
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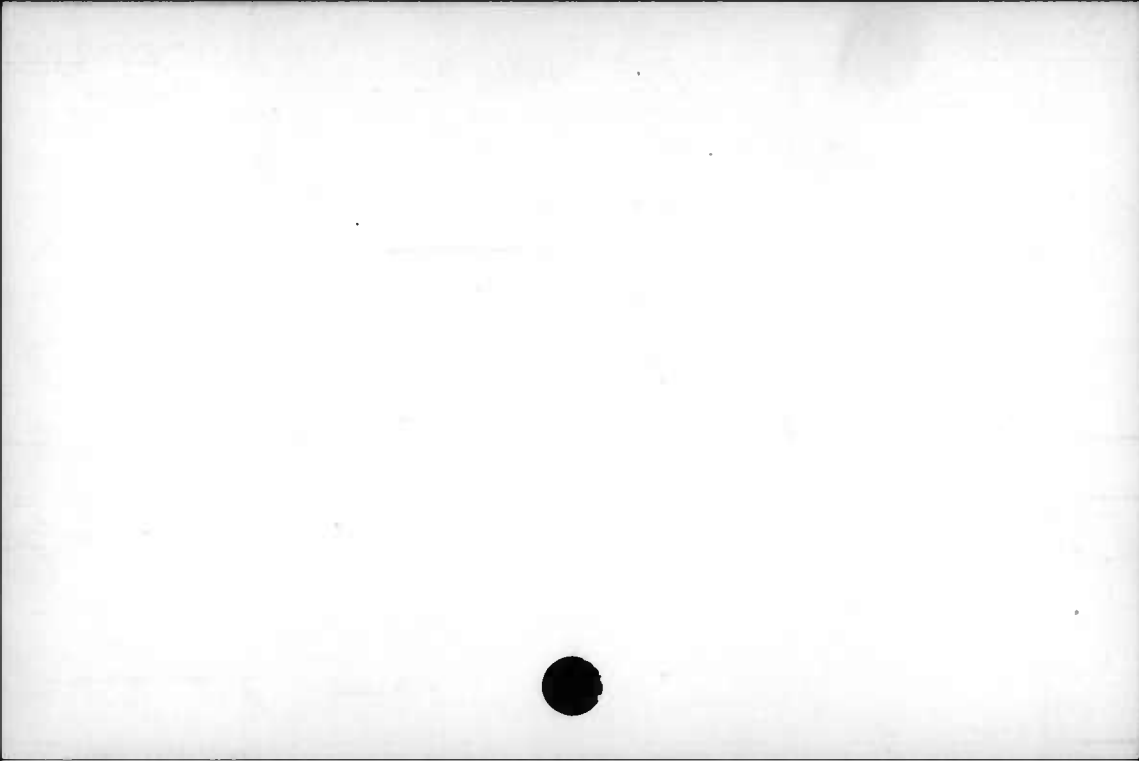
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bowens</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>13</i>	Age <i>70</i>	Years <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Calvert Co</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Margaret E. Bowen</i>				
Father's Name <i>Henry Hutchins</i>	Father's Birthplace <i>Calvert Co</i>				
Mother's Maiden Name <i>Margaret</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Lucien F. Hutchins</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

Primary <i>Diabetes</i>	How long <i>6 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Lueby</i> Sub Reg
	Address <i>Bowens Md</i>
Accident or Suicide?	



Name  
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Kitty Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Huntington* <sup>County</sup> *Calvert*

MARYLAND

Date of death <sup>Month</sup> *June* <sup>Day</sup> *6* <sup>Years</sup> *67* <sup>Months</sup>  <sup>Days</sup> Sex *Female* Color or Race *Black* Birth-place *Cal. Co*Occupation *wife* Where Residing if not at place of death Married, Single or Widowed  Name of Wife or Husband *Israel Johnson*Father's Name *Not obtainable* Father's Birthplace Mother's Maiden Name *"* Mother's Birthplace Name of person giving information *Joe Shelby* How related to deceased *None*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONERPrimary *Heart Disease* How long *died suddenly*Immediate  How long Are the name, age, sex, color, date and place correctly given above?  Signature of Physician *J.W. Leitch*Address *Huntington*Accident or Suicide?



Name  
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William Mackall

## CERTIFICATE OF DEATH

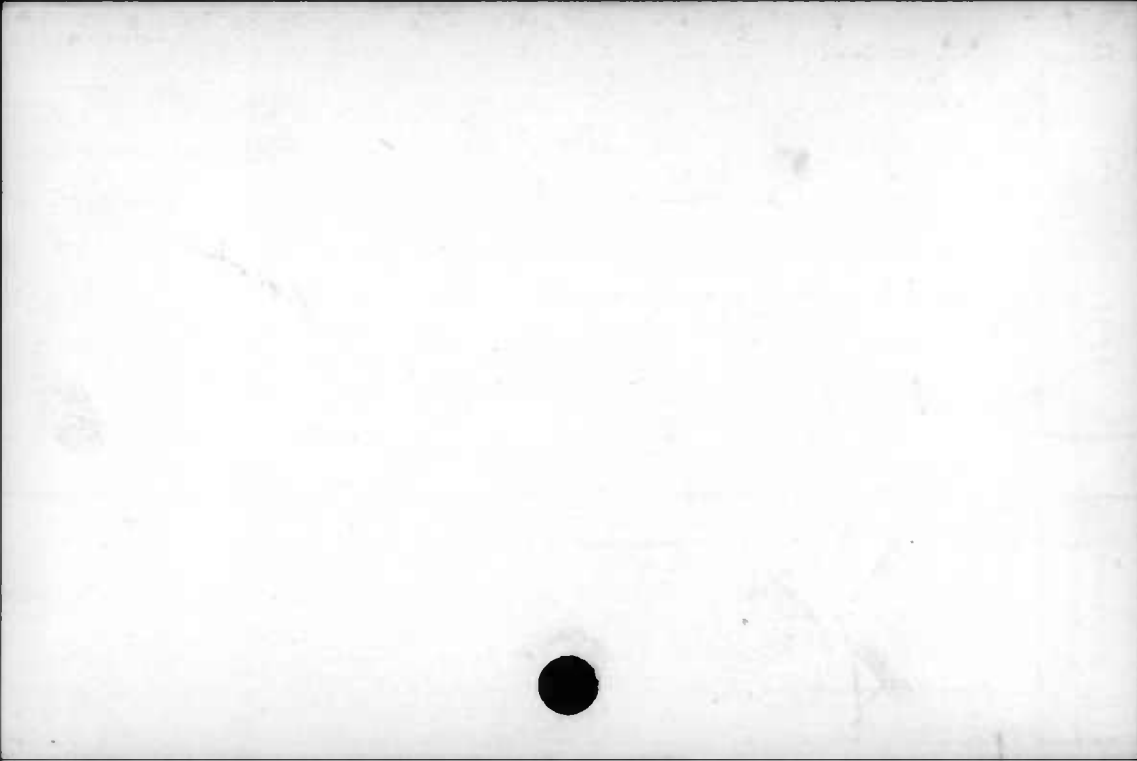
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Huntingtown		County		Baltimore		MARYLAND	
Date	1907	Month	June	Day	17	Age	35	Months	
Sex	male	Color or Race	Black	Birth-place		Cal. Geo.			
Occupation		Farmer		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		John Mackall				Father's Birthplace		Cal. Geo.	
Mother's Maiden Name		Dolly Blake				Mother's Birthplace		Cal. Geo.	
Name of person giving information		Huliday Blake				How related to deceased		Bro.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Gastritis	How long	2 yrs
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. W. Leitch
		Address	Huntingtown
Accident or Suicide?			





Name  
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Thomas W Smith

## CERTIFICATE OF DEATH

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NEAREST FRIEND

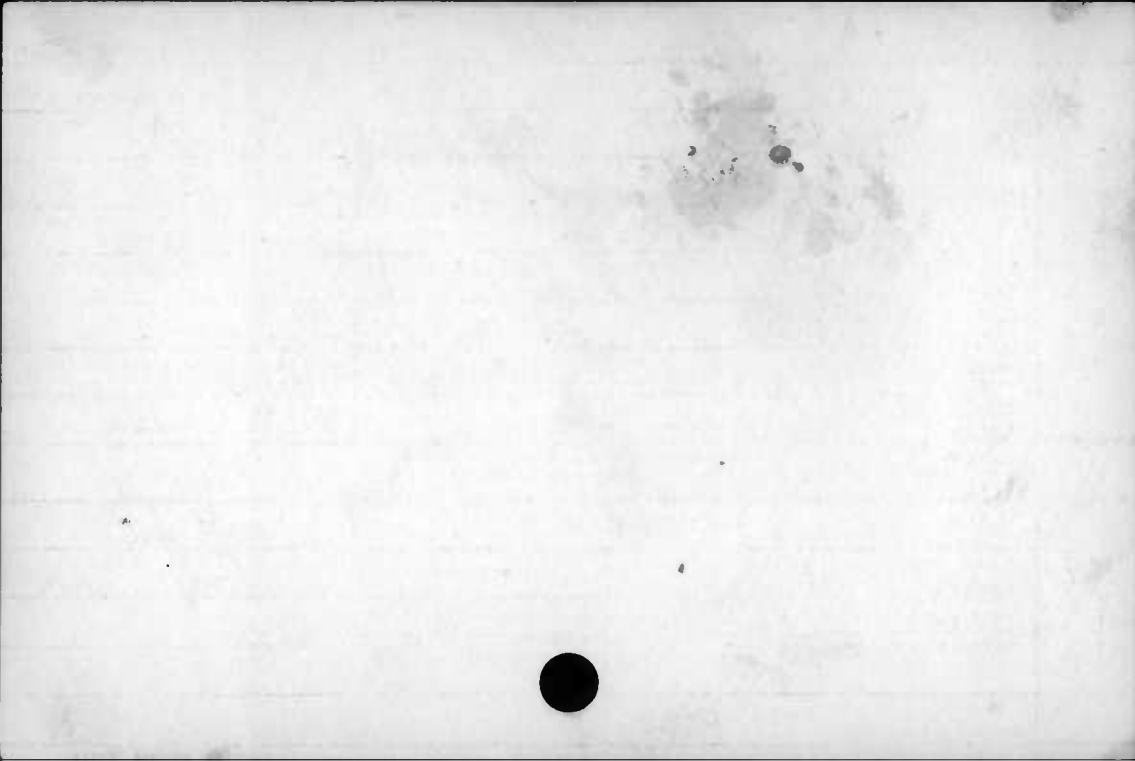
Died at		Town <i>Bunkirk</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1907		Month <i>June</i>	Day <i>2</i>	Age <i>76</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bunkirk</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Kate Smith</i>							
Father's Name <i>Ferdinand Smith</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary <del>Brayshaw</del> <sup>Carver</sup></i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Chas J. Chaney</i>		How related to deceased <i>Friend</i>					

## CAUSES OF DEATH

(154)

PHYSICIAN  
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>Several Months</i>
Immediate	<i>Heart Failure</i>	How long	<i>Two minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Brayshaw</i>	
		Address <i>Friendship MD</i>	
Accident or Suicide?			



Name  
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Full

CERTIFICATE OF DEATH

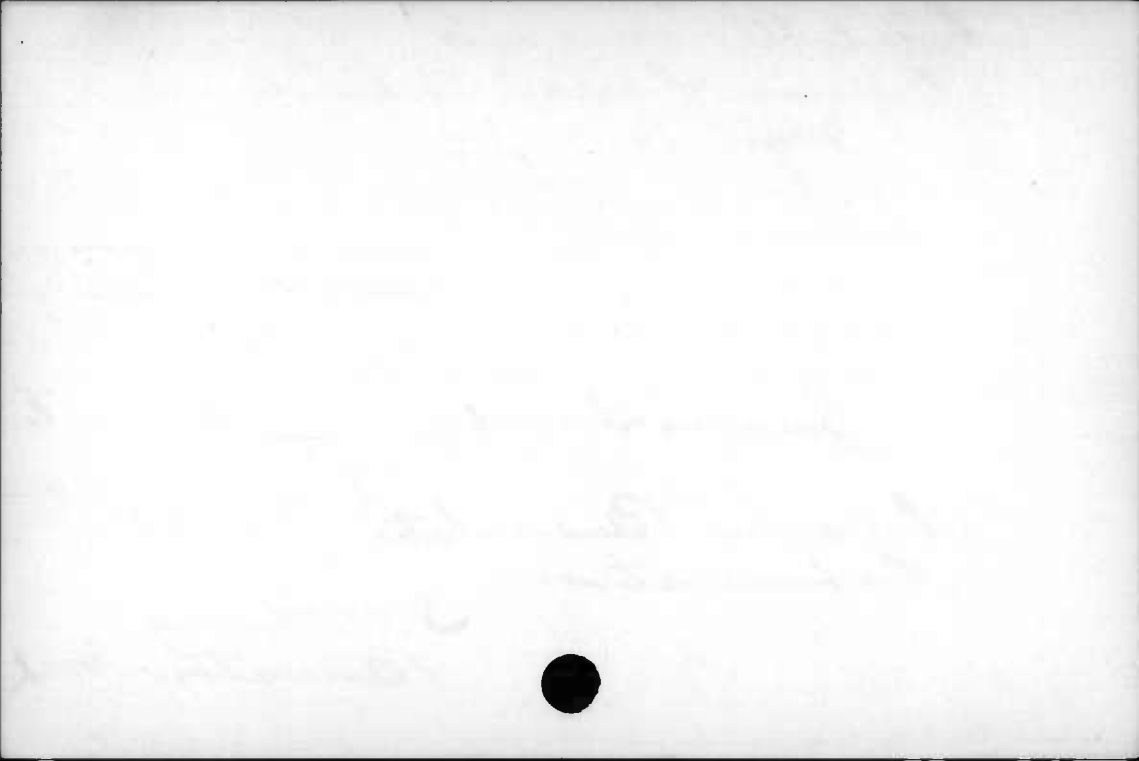
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Corv</i> Town <i>Werners</i>		County		MARYLAND	
Date of death	190 <i>7</i> Month <i>June</i>	Day <i>5</i>	Age	Years	Months
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Calvert Co</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Richard Werners</i>		Father's Birthplace	<i>Calvert Co</i>	
Mother's Maiden Name	<i>Mary Lizzie Howard</i>		Mother's Birthplace	<i>Calvert Co</i>	
Name of person giving information	<i>Perry Howard</i>		How related to deceased	<i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Dr. F. Chambers</i>
		Address <i>Sub-registrar, B. &amp; A. Lueby, Calvert Co</i>
<u>Accident or Suicide?</u>		



Name  
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Full

Charlotte Weems

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		June	13	Age 80			
Sex		Color or Race		Birth-place			
Female		White		Calvert Co			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Single		Unknown					
Father's Name		Father's Birthplace		Calvert Co			
Unknown		Mother's Birthplace		" "			
Mother's Maiden Name		Unknown					
Name of person giving information		James Fowler		How related to deceased		Son in law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis	How long	1 yr
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. King  
Barnstow Md

Accident or Suicide?

